

TOE THE LINE...A FOOT NOTE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

Legislative Update : Proposed Legislation



The Board of Podiatric Medical Examiners has proposed legislation to amend the present Board member nomination law. This proposal would require the MPMA to notify all Maryland licensees of Board vacancies and conduct a balloting process where all licensed podiatrists are included in the voting process.

The intent of the proposed legislation is to provide a process for filling Board vacancies that would allow all podiatrists holding a Maryland license the opportunity to vote.

The process will allow for:

- Votes for two nominees per one position
- All state licensees will be notified of nominations
- The entire nomination and voting process may be done by mail.



Newly Licensed Podiatrists

The Board wishes to welcome the following podiatrists to their respective practices in Maryland:

Full Licenses:

Felicia Armstrong, D.P.M.
Marc E. Goldberg, D.P.M.
Charles Markham, D.P.M.
Michael Liebow, D.P.M.
Naomi Petty, D.P.M.
I. Gary Sherman, D.P.M.

Felicia Stenhouse, D.P.M.
Joanna Shuman, D.P.M.

Limited Licenses:

Kim Nguyen, D.P.M.
Rodney Graves, D.P.M.
Kevin D. Myer, D.P.M.
Matthew Testani, D.P.M.

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Legislative Update: Newly Enacted Legislation

During the 2003 legislative session **HB 257** State Board of Podiatric Medical Examiners – Revisions – Licensure and Penalties, was passed. The Bill revised the law relating to the reinstatement of podiatrists to an active licensure status from an inactive or expired license.

The licensure law may be reviewed in its entirety in the Annotated Code of Maryland Health Occupations Article, Title 16, Sections 307-308.

§ 16-307. Terms and renewal of licenses

(f) Grace period; expiration.

(1) A podiatrist has a grace period of 30 days after the podiatrist's license expires in which to renew the license retroactively, if the podiatrist:

- (i) Otherwise is entitled to have the license renewed; and
 - (ii) Pays to the Board the renewal fee and any late fee set by the Board.
- (2) After the grace period of 30 days:
- (i) The expired license lapses into a non-renewal status; and
 - (ii) The Board may require the licensee to meet the requirements of § 16-308 to be reinstated.

§ 16-308. Inactive Status; reinstatement of expired licenses.

(a) Term of license.

(1) The Board may place a licensee on inactive status, if the licensee submits to the Board:

- (i) An application for inactive status on the form required by the Board; and
- (ii) The inactive status fee set by the Board.

(2) The Board shall issue a license to an individual who is on inactive status if the individual is otherwise entitled to be licensed under this title and submits to the Board:

- (i) Satisfactory evidence of compliance with the continuing education requirements the Board adopts for this purpose;

- (ii) A reinstatement fee set by the Board;
- (iii) A licensure affidavit;
- (iv) Federation of boards certification of good standing;
- (v) The response to an inquiry to the National Healthcare Integrity and Protection Data Bank;
- (vi) History of malpractice cases;
- (vii) Proof of out of state practice preceding the request for reinstatement that is sufficient to demonstrate current clinical proficiency, as specified in regulations adopted by the Board; and
- (viii) Proof of passing the Ethics-Jurisprudence Examination as administered by the Board within the last licensing cycle preceding the individual's reinstatement application.

(3) The Board shall reinstate the license of a podiatrist who has been on inactive status and who does not meet the requirements of paragraph (2)(vii) of this subsection, if the podiatrist meets the continuing medical education requirements prescribed by the Board.

(b) Reinstatement of expired license- In general.- The Board shall reinstate the license of a podiatrist who has been on inactive status and who has failed to renew the license for 1 licensing cycle or a 2-year period, whichever is longer, for any reason, if the podiatrist:

- (1) Meets the renewal requirements of § 16-307(c) through (f) of this subtitle and subsection (a) of this section;
- (2) Pays to the Board all past-due renewal fees and the reinstatement fee set by the Board; and
- (3) Meets the requirements for obtaining a new license under this subtitle.

Public Disciplinary Actions

Board executed Final Consent Orders are public documents. Copies of any issued Final Consent Orders may be obtained by providing a signed written request and submission of twenty-five dollars for processing the request. Final Orders are **automatically** reported to the National Practitioner Data Bank- Healthcare Integrity and Protection Data Bank, Medicare, Medicaid, Drug

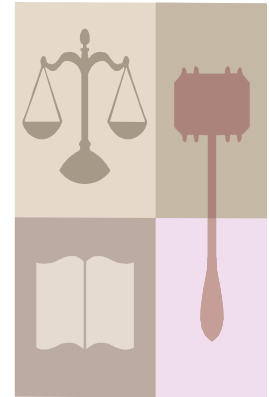
Enforcement Administration, Division of Drug Control, hospitals, insurance companies and any other entities upon request.

Benjamin, Richard, DPM

Final Consent Order 11/13/03

Bernhard, Larry, DPM

Final Consent Order 1/8/04



Red Flags in Medical Record Documentation

Excerpts from an article which appeared in the February 2004 Issue of *Podiatry Management* by Alan Lambert, M.D., ESQ

One of the most important issues for licensed healthcare professionals is medical record documentation. This article will outline some important red flags in medical record documentation that can frequently make the difference as to whether a professional misconduct investigation, malpractice claim or third-party payor audit can be successfully defended.

- **The medical record must be legible.** A medical record should only be considered legible if reasonably comprehensible to third parties. Avoid the use of private unexplained abbreviations.
- The medical record should accurately document your care and treatment of the patient. All evaluations and treatments should be documented. All issues with respect to patient compliance problems such as missed visits or failure to follow treatment instructions should be documented. However, avoid making comments that are disparaging about the patient in the medical record.
- It is essential that the medical necessity of all diagnostic tests and treatments be clearly documented so that you are not subjected to retrospective abuse in the interpretation of your reasoning by investigators, plaintiff's attorneys and auditors. If there is a test or treatment that you are not ordering but that other practitioners might order, you may wish to document why you are not ordering the same to establish that you were aware of the option of the patient.
- Be sure to document all discussions with the pa-

tient relating to care and treatment including with respect to informed consent issues. Also document all communications with the patient's other healthcare providers. Maintain copies of all written communications.

- Every patient should have a clearly documented disposition at the end of each visit. For example, document if the patient is to follow-up in two weeks or is discharged from your care.
- Document all phone conferences with patients and family members, including phoned-in prescriptions and conversations with the patient's other healthcare providers.
- Avoid the appearance of improprieties with respect to medical records. If you must add or correct information, do so in a new note that is dated as of the time the updated or corrected information is added. A falsified medical record is professional misconduct and may also void your professional liability coverage. Don't turn a potentially manageable malpractice or disciplinary issue into a license loss situation by inappropriately altering a medical record or failing to properly document an adverse event in your care and treatment of the patient.

This article is written for educational purposes only and does not constitute legal advice. You should consult with your legal counsel, or other qualified consultants, prior to acting on any of the educational information contained herein.

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Sales and Use Tax License

The Board noted that podiatrists who sell goods/products over-the-counter and who maintain an inventory of over \$1,000 are required to maintain a Sales and Use Tax License. The license fee for \$1,000 inventory is \$15.00. Contact Number is: 1-800-492 -1751. The web link is:

<http://business.marylandtaxes.com/taxinfo/salesanduse/default.asp>

Issues Before The Board

Blood Sequestering

The Board determined that the blood sequestering process when applied to utilization of the Harvest Technology is within the scope of practice for a podiatrist licensed in Maryland. However, the Board is not able to confirm the CPT code that should be used for this procedure.

Ultrasound and fluoroscopy

The Board confirmed that ultrasound and fluoroscopy are radiologic procedures that are FDA approved, non-experimental, and fall within the scope of practice of podiatry in Maryland.

Performing nerve conduction studies in the office with an outside company

This procedure is within the scope of practice of a Maryland podiatrist. It is acceptable to order and provide the technical component of the nerve conduction studies. However, be advised that specific insurance companies may not recognize a podiatrist performing these studies and thereby deny reimbursement.

The Board is on the Internet

Check out the website:

<http://www.mbpme.org> to find all the latest Board information. You may also download forms, review past newsletters, and look for continuing medical education courses. The Board's website includes information you do not want to be without, so be sure to visit our new site.



Solomon v. Maryland Board of Physicians

The Board reviewed the Solomon v. Maryland Board of Physicians case (12/03), where the Appellate Court ruled that the closing of a specific complaint does not terminate the Board's authority to perform a follow-up investigation of concerns that may have arisen as a result of the investigation of that complaint.

Consent Agreements

The Board reiterated that Consent Agreements are not formal disciplinary documents because they are generated pre-charges, however, they are public documents. Therefore, these Consent Agreements are public records and if requested from the Board for information verification on a licensee, the Consent Agreement will be disclosed. As such, licensees need to answer all credentialing/recertification questions acknowledging the above accurately.



Upcoming CME Courses

Date of Course	Title	Sponsor/Location	CME Credits
March 3-6, 2004 Sept. 1-4, 2004	Rear Foot Cadaver Surgery Course	The Podiatry Institute Northlake Regional Center Tucker, GA	
March 5-6, 2004	Improve Your Clinical Efficiency	William Scholl College of Podiatric Medicine Chicago, IL	14.0
March 12-13, 2004	2004 Coding, Compliance and Practice Management	American College of Foot & Ankle Surgeons. Charlotte, NC	14.0
March 20, 2004	Sport's Medicine of the Lower Extremity	Barry University Miami Shores, FL	7.0
March 25-28, 2004	Midwest Podiatry Conference	PICA, Novartis, Dermik Hilton Chicago & Towers Chicago, IL	27.0
March 29, 2004	Exotic Cutaneous Lesions of the Lower Extremity	New York College of Podiatric Medicine	2.4
April 1-4, 2004	Update 2004	The Podiatry Institute Atlanta Georgia	
April 13-17, 2004	Basic Pedorthics	William Scholl College of Podiatric Medicine Chicago, IL	36.0
April 19-29, 2004	Advanced Pre-Certification course in Pedorthics	William Scholl College of Podiatric Medicine Chicago, IL	84.0
Apr. 29—May 2, 2004	Annual Surgical Seminar "Current Concepts"	American Association of Podiatric Physicians & Surgeons Livonia, Michigan	38.0
July 1- 4, 2004 July 15-17, 2004	Summer Conference Series	The Podiatry Institute South Carolina and Montana	
Sept. 10-12, 2004	Annual Overland Park Seminar	The Podiatry Institute Overland Park, Kansas	
Oct. 15-17, 2004	Mid-Atlantic Podiatry Conference	The Podiatry Institute Washington DC	
Oct. 22-24, 2004	Annual Philadelphia Conference	The Podiatry Institute Philadelphia, PA	
Nov. 4-7, 2004	Annual Sanibel seminar	The Podiatry Institute Sanibel Island, Florida	

If there are no CME credits by the course that means that no one has submitted the course for CME credits approval to the Board. Consequently, the Board has yet to review the course to determine how many CME credits it will be awarded. Please remember that when you are taking courses to be counted towards the mandatory 50 CME credits during every licensure cycle, only the Board can determine how many CME credits a course will be awarded.

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WE ARE ON THE WEB!!

[HTTP://WWW.MBPME.ORG](http://www.mbpme.org)



Change of Address

It is especially important the Board has the correct address on file for all licensees. In accordance with §16-310 of the Annotated Code "Each licensee shall notify the Board of any change of address". It is the podiatrist's responsibility to notify the Board of an address change. Board policy dictates that all change of address requests be in writing and signed by the person of interest. A \$100.00 fine for non-compliance will be issued to podiatrists who fail to notify the Board of an address change. This is the Law.

**Acquaint yourself with the
Podiatry Act
and the
Continuing Education Policy**

Board Meetings

The Board of Podiatric Medical Examiners meets the second Thursday of each month at the Department of Health and Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 1:00pm and is open to the public.

For further information regarding these meetings, or to place an item on the public agenda, please contact the Board office at (410) 764-4785.